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## Original Communications.

### CASES OF COMPOUND FRACTURE AT THE MASSACHUSETTS GENERAL HOSPITAL SERVICE OF G. H. GAY, M.D.

Reported by RUFUS P. LINCOLN.

CASE I.—T. H., glass-cutter, aged 35, entered the hospital Oct. 12th, 1867. One hour before entrance, patient fell from the front platform of a horse-car to the pavement, and in his struggles so placed his right arm that the wheels of one side passed over both arm and forearm, the elbow at the time being bent to a right angle.

On examination, there were found two fractures of the humerus, dividing it into three nearly equal parts, the lower transverse and the upper oblique; there was a lacerated wound of the soft parts in the inner aspect of the arm, one inch above the upper fracture, sufficient to admit two fingers, one of which was passed between the fragments; there was also a fracture of both bones of the forearm at the junction of the upper and middle thirds, together with a lacerated wound of the soft parts opposite this point on its inner aspect, which admitted a finger to the fractured extremities of the ulna; at a corresponding point on its outer aspect there was a similar wound, but no bone was detected. There was an oozing of blood from each of these wounds, but not sufficient to require a ligature. The integument of the shoulder, arm, forearm and hand, was severely contused.

The wounds were treated essentially according to the method of Mr. Liston, as follows:—Equal parts of carbolic acid and glycerine were thoroughly applied to the wounds, and sheet lint soaked in the same was placed over them; over this, and extending beyond it, the following, made into the consistency of putty: carbolic acid 1 part, linseed oil 4 parts, and carbonate of lime q. s. To prevent evaporation, there was placed over the whole, and extending beyond the margin of the putty, a piece of tin foil fixed to adhesive plaster. The arm was then extended, the forearm supine, and

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secured between two well-padded straight splints, reaching from the shoulder to the finger tips, and three pounds extension made from forearm.

13th.—Limb swollen, hard and tense; pain quieted by opiates.

17th.—There was a slight oozing of serum, but no pus, from under the carbolic acid applications. The tin foil and putty were removed from day to day, but the limb was not disturbed, and a few drops of the carbolic acid and glycerine added.

25th.—Limb diminished to nearly its normal size. The long straight splints removed, and an internal angular, with a felt shoulder-cap, straight, and spoon splints were substituted. Patient to sit up.

31st.—Apparatus removed, and limb examined. There was union at all the points of fracture, and the wounds have ceased to discharge. Simple cerate dressing substituted for the carbolic acid. Splints re-applied.

Nov. 12th.—Wounds healed. Discharged, still wearing apparatus.

CASE II.—H. H., railroad employé, set. 35, entered the hospital Oct. 29th, 1867. Patient's wrist was caught between the coupling of cars and injured, twenty-four hours before entrance.

On examination, the right hand and lower part of forearm were tensely swollen, and the radius fractured obliquely one inch and a half above its distal extremity; opposite the point of fracture, on the inner side, there was a lacerated flesh wound, which admitted a probe between the fragments of the radius. There was also a lacerated and contused wound of the soft parts between the metacarpal bones of the thumb and index finger.

The carbolic-acid treatment was employed, as in the previous case, the member being placed on a Bond's splint.

Nov. 12th.—There has been no discharge from the wound at the point of fracture, and but a slight oozing from the wound below; both wounds healing as under a crust. Discharged, and ordered to report as an out-patient.

Nov. 26th.—Both wounds entirely healed.  
[WHOLE NO. 2093.]

ed, and good union of fracture, with no stiffness at wrist-joint.

CASE III.—J. F., engineer, aet. 26, entered the hospital Nov. 2, 1867. The day before, while cleaning the machinery of his engine, the right arm being between the spokes of the "driver," the latter made a partial revolution, fracturing his arm in several places. On arrival at the hospital, two long splints, which were applied soon after the accident, were removed, and there was found a compound, comminuted fracture of the humerus in its middle, and a transverse fracture of the radius and ulna at their middle. On the inner aspect of the arm, opposite the fracture and extending to it, were two lacerated wounds, two inches apart, each sufficient to admit two fingers. The arm and forearm were tense and swollen; the integument blackened and bruised; the hand cold, swollen, and without sensation. No pulsation of the radial artery could be detected. Four incisions, half an inch in length, were made through the integument of the forearm to relieve tension. Carbolic acid and glycerine were freely introduced into the lacerated wounds, and the same treatment followed as in the first case, the arm being fixed straight and supinated between two long splints.

4th.—Warmth and sensation returning to hand.

10th.—Wounds progressing favorably, with but little discharge.

15th.—Swelling and tenderness above the elbow has increased, while the edges of the wound have become dark colored; the integument is red, sensitive, and scattered over with minute bullae filled with serum. Carbolic-acid dressing omitted, and flaxseed poultice substituted.

16th.—A superficial slough about two inches square has appeared upon the dorsal surface of the forearm.

17th.—Free discharge of fetid matter from all the wounds.

19th.—Slough nearly detached; granulations healthy.

25th.—General condition good. Discharge creamy, and without fetor; a small portion of slough still remains. R. Tr. cinchona comp. 3*i.* ter die, before meals, and R. Tr. ferri chlor. gtt. v. ter die, after meals.

27th.—Granulating surface of wound above the elbow nearly even with the integument. The fragments of the humerus have united. The clearing off of the slough has exposed the ulna to the extent of one inch.

29th.—Slough wholly detached; suppura-

tion profuse. Poultice omitted, and simple cerate substituted. Tr. fer. chlor. increased to gtt. viij. To have one bottle of ale daily.

Dec. 8th.—Discharge from wound of forearm diminished; healthy granulations filling it up.

10th.—The upper fractured end of ulna could be seen, but healthy granulations were slowly covering it.

25th.—Ulna entirely covered; discharge profuse. Arm bandaged.

Jan. 7th.—Wound of forearm has commenced to cicatrize.

18th.—Cicatrization slow. No union of radius or ulna. General condition continues good. Dress wound with tr. myrrhae 3*i.* aqua 3 viij. M.

Feb. 5th.—Sitting up. Wound of arm has healed.

23d.—Both bones of the forearm have united; its wound gradually closing.

REMARKS.—The great similarity in the injury sustained in the first and third cases naturally invites comparison, and the questions are suggested:—Why so great a difference in the progress of recovery? and, Is there any special virtue in carbolic acid as thus applied?

It seemed to one watching the last case, that the vicious course took its start in the forearm where the slough appeared, and radiated from this as a centre; and that the vitality of this part was destroyed by pressure already applied when the patient arrived at the hospital.

To condemn the treatment for its apparent inefficiency in this case would be invidious, yet it would be equally unjust to rest our decision on two favorable cases, though the prognosis in the first was as unfavorable as in the last; but, having watched to an unusually successful termination several other severe cases of compound fractures treated by this method in this hospital, we are led to concede to carbolic acid antiseptic qualities possessed by no other compound in use.

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RICORD is one of the few writers, living or dead, who have had the candor publicly to acknowledge their errors of doctrine. If all medical writers had been as candid and as free from obstinacy as this great teacher, there would have been more light in the world and fewer false theories. . . . The physician who at the close of a long life clings to the theories with which he commenced it, must expect to find himself classed among the fossil remains of the profession.—Dr. YANDELL, in *Nash. Med. Jour.*

A CASE OF LARGE PULMONARY ABSCESS.  
RECOVERED.

By W. H. TRIPLETT, M.D., Woodstock, Virginia.

WHEN it is announced that a very unusual lesion has taken place in an organ, the necessary formative processes of which are opposed to our views and established opinion of the pathological principles that obtain in the part, we cannot avoid suspicion of incorrect diagnosis, and desire every vestige of the evidence on which it was predicated; and there is no class of cases in which this principle of conduct will apply with greater force than in recovered lung disease, where acoustics necessarily play so important a part in the diagnosis, and the highest amount of tact in percussion and auscultation have occasionally struck wide of the mark. I am sorry, in the present instance, that I cannot offer incontestable, incontrovertible evidence as the groundwork of my opinion in confining the purulent collection presently to be described to the proper substance of the lung, as a simple, non-specific abscess, instead of the suspicion of the possibility of its having been one of empyema, or circumscribed pleuritic effusion. It has this merit, however, that in either case it possesses great interest, and is unique.

Simple abscess of the lung is very rare, and circumscribed purulent pleuritic effusion is extremely infrequent.

It might be asked, does simple non-specific abscess of the lung tissue ever occur? No one can deny the force of Sir Thomas Watson's views of the difficulty of such a formation: the cell-air is in the way; atmospheric air substitutes the *suppurative* for the *adhesive* process, the latter being essential to the creation of the abscess-wall. But would not the flood of effusion in severe pneumonia, and the solidification of the organ, effectually exclude the cell-air, thereby disposing of this difficulty? And it must be other cause or causes militating against such formation. Be that as it may, simple abscess of this organ is now regarded as a very rare affection, and I submit the following case with some timidity.

On January 30, 1863, I was called to C. S., a tall, slender youth of 16; he had been wading in the water, fishing with a dragnet, the day previous; came home late in the evening, feeling chilly and ill; during the night, had some pain in the left lung, in the region of the clavicle. His respiration was rapid, pulse quick, and his face wore a dusky, livid, venous look, full of anxiety and pain; he spoke with difficulty, and

was lying upon his back; his cough caused him considerable distress, by intensifying the sub-clavicular pains. Upon percussing the left lung, it was found not so resonant as the right, and auscultation discovered fine crepitation from the nipple down, with loud puerile respiration in the upper segment of the lung. Nothing was noticed in the right lung but augmented vesicular murmur. He was spitting almost pure blood, but not any considerable quantity. I regarded him in the first stage of pneumonia—engorgement. As the youth was rather delicate, the "restorative" treatment was adopted; or, more properly speaking, I rather refrained from the use of active reducing measures, simply applying a blister to the chest, to be followed by large poultices, and administering small doses of sulphate of morphia, with ipecacuanha, given at short intervals, with the object of allaying pain and promoting secretion. A calomel purge was ordered at once.

In three or four days after I had first seen him, nearly the two lower thirds of the left lung was hepatized—hepatization extending from the vicinity of the third rib over the whole lower regions of the chest, fine crepitation filling the upper lobe. There had been a limited amount of rust-colored sputa, which was very tenacious and difficult of expectoration. His condition was easier, as the pain had in a large measure subsided, but there was still an anxious, livid expression of the face, and hurried respiration; he was still lying upon his back; his pulse was rapid and small.

Was all this dull, flat sound, elicited by percussion, solely attributable to solidified lung? or was any of it chargeable to pleuritic effusion? Position did not alter the physical symptoms, and I was consequently forced to the conclusion that the lung had passed into the second stage of inflammatory action—hepatization. Would it stop there? I was afraid not. There seemed but little prospect of arresting further spoliation of the lung tissue, and I now regretted that I had not cupped or otherwise bled my patient, and had not adopted more active measures. At that time I was not so thoroughly persuaded of the sound philosophy of the "restorative" treatment in pneumonia, or the happy results it so uniformly yields in this class of diseases; and, falling back upon old principles, attempted rapid mercurialization. In a few days, he expectorated yellow purulent matter very freely. Vesicular murmur had again returned to the upper third of the

lung; but the lower portion of the organ was still very dull, with decided bronchophony. Vesicular murmur had toned down some in the right lung; it had been very loud. The skin had a natural warmth and moisture; the secretions were well established; arterial tension was better. The countenance had undergone a change corresponding to his improved condition. I had every reason for believing and anticipating a speedy recovery. As he was evidently doing well, I did not again trouble him for several days; when I did so, percussion returned the dull, flat sound of solidified lung; but auscultation revealed a condition of local change startling as it was novel—an unmistakable cavernous sound—gurgling, not faint and ill-defined, but exceedingly audible and well announced—such sound as comes from a large cavity, and that cavity containing considerable quantity of matter. He was expectorating very freely. I could not believe in general disintegration and crumbling of the component parts of the organ, from gray softening or purulent infiltration, as the *general* symptoms did not warrant any such conclusion. It was impossible to believe him on the verge of dissolution, as such a condition of things would have inevitably placed him; his pulse, though frequent, had retained the force, fulness and regularity observed during the last six or eight days; the heart sounds were good, and its action regular; there was no pallor of the skin; no cold extremities; no shrunken features—nothing like death. On the contrary, the general warmth and natural appearance of the skin evinced a well-maintained capillary circulation and considerable residue of vitality. The gurgling was a little below the nipple, and occupied an area of several inches. Position had no effect upon the chest-sounds. He was allowed a generous support.

On Feb. 20th, he had very much the appearance of a patient in advanced phthisis; he had greatly wasted from combined hectic and profuse purulent discharge, which seemed to almost flow from his mouth, so freely and rapidly was it expectorated. The loudest pectoriloquy had taken the place of the gurgling; the lower portions of the chest-wall had been sinking for some time, and was now very much collapsed. He was rapidly emaciating, and had profuse night-sweats. In the sub-clavicular region, vesicular murmur was very audible. I had suspected acute tuberculosis, and therefore paid special attention to the upper lobe. But would it make such singular ex-

emption of the upper lobe? the very nidus of the affection, the peculiar quarter elected for the very first manifestations of the malady. In the dilemma, I was compelled to watch and wait—wait for the invalid to die. As cod-liver oil could not be obtained at that time in this part of the country, he was liberally supplied with cream and brandy—apple brandy—also soft-boiled eggs. He lingered a long time, and reached an extreme degree of emaciation. When every one thought death imminent, it was presently discovered that he ceased to go downward—that he did not get any worse—that his appetite improved—that he looked better—that he really was better. The lower portion of the left chest-wall was sunken to a degree I have never seen exceeded in the worst contractions of chronic pleurisy or empyema. The large sac of purulent matter seemed to have been emptied at last, and he stopped spitting up. He finally recovered—made an excellent recovery, but it took him nearly a year; at which time the ribs had regained their natural level, and the respiratory murmur was everywhere audible over the affected side. The recovery was complete, not the slightest scar remaining of the old disfigurement. I saw my patient to-day, March 4th, 1868, the very picture of health, and with a finely developed chest. The expansion had been very gradual—just such a recovery as is occasionally seen after pleuritic effusion, when the compressed lung, forced back upon the spinal column and posterior region of the chest by the weight of the liquid, has the load gradually removed by the process of absorption, together with what bands of lymph may have helped to imprison it, and day by day, little by little, filling with fresh portions of air its compressed air-cells, swells more and more, grows larger and larger, till it finally fills up the whole pleuritic cavity, and the recovery is complete.

In the above case, three points will be conceded:—1st. The presence of a large abscess in the left cavity of the chest. 2d. That the substance of the lung was not to any great extent destroyed, but compressed. 3d. That the pus ulcerated a way into the bronchial tubes, and was expectorated. I apprehend that all these points will be conceded without objection. And the only other point of great interest upon which an issue could be made, is the localization of the abscess. Where was it? In the substance of the lung? or was it a circumscribed pleuritic abscess? Is the possibility of the former so slight that the pneu-

monic symptoms are to go for nothing? Is the probability of the latter so very strong that this termination of pneumonic inflammation is to be ignored?

March 4, 1868.

#### TREATMENT OF RHEUMATISM.

MR. EDITOR.—I am at the present time convalescent from the seventh attack of rheumatism, and I feel I have reason to say that acute rheumatism is a disease which, from its frequency, its painful and often protracted course, and the many evils that follow in its train, has especial claims upon the attention of the medical profession.

For a number of years I have read with great avidity all that has been written upon this disease by authors whose works I have procured, and no article, in any medical journal which has come to my hand, touching its nature and treatment, has escaped my notice; and I can say, without fear of contradiction, that there is the least amount of undisputed knowledge respecting the nature and treatment of this disease of any to which mortal man is heir.

I do not propose to write a thesis upon rheumatism at this time, but to give the readers of your JOURNAL a chapter from my own experience.

Twenty-seven years ago, it was a common practice to bleed in acute rheumatism. My first attack at that time was sudden and severe; the arterial excitement was very great and the pain excruciating. The seat of the inflammation was in the right shoulder-joint. During the second night, my suffering was so intense, I opened a vein in my right arm, with a thumb-lance in my left hand, which bled freely till about twenty ounces were taken away, when faintness came on. The bleeding was followed, the next morning, with a brisk cathartic of oil of ricini. A low diet for several days comprised the treatment; no relapse. I commenced practice in ten days. I should add that ten grains of pulv. Doveri were taken in the evening, after the cathartic, which produced profuse diaphoresis.

The second invasion occurred in the fall of 1846, and was preceded for a week or two with marked dyspeptic symptoms, with acidity, and the accession of rheumatism was gradual, and several joints were simultaneously affected, but the pain was most severe in the left shoulder. Calomel and a cathartic were taken without relief. Opiates were not well borne, and as there was a constant and an unbearable nausea, an

emetic of ipecac, was taken on the fifth day of treatment, which caused the stomach to discharge a large amount of acrid fluid and bile; castor oil was taken the following morning, after which opiates were well borne, and, with laxatives, were all that was subsequently taken. Was able to return to practice in twenty-one days; no relapse.

In the spring of 1853, I had a third attack, which was well marked. Pulse 90, large, full and strong; tongue had the "creamy-like covering"; the bowels were sluggish; inflammation in left elbow-joint and several finger-joints; the urine, on cooling, deposited a red brick-dust sediment of lithiates. An alterative cathartic was taken, and a free action of the bowels secured, but a nausea followed so intense that nothing could be retained on the stomach. The statements of Dr. Bird and others with regard to the use of lemon-juice in rheumatism being fresh in my mind, and as I could not take anything else, I ordered six ounces, of which I took one half ounce quite clear, and the stomach retained it; the dose was increased to one ounce, and repeated every three or four hours for two days and nights. After a few doses, the heart's action became quiet; pulse fell to 74, and the rheumatic inflammation subsided. In one week from the day the first lemon-juice was taken I rode out, and convalesced rapidly. No other medicine was taken at that time.

In 1857, in the month of June, I had an attack, with successive inflammation of the left shoulder, both knees, and several smaller joints. At this time, after a cathartic and an unsuccessful trial of lemon-juice, I determined to test Dr. Corrigan's treatment by opium. Accordingly, I commenced taking one grain, in pill, per hour, and sometimes two grains the hour, till I had taken eighteen grains in twelve hours, when "decided relief" was obtained. In two or three hours after the last of the eighteen pills was taken, vomiting and a diarrhea occurred, together with an overwhelming perspiration. The vomiting ceased after the stomach was cleared of a half pint of solution of opium, but there remained a passive and painless diarrhea for several days. The sweating continued ten hours, and was followed by that indescribable itching caused by opiates. The inflammation of the joints subsided, and they resumed their natural size with truly miraculous rapidity. No subsequent treatment was used, more than what an ordinary convalescence would require. Returned to practice in twenty-eight days.

The two subsequent attacks were very severe, and were treated with cathartics and opium, but not quite *a la Corrigan*; just enough to secure rest and freedom from pain. Was out each time in about three weeks.

The last attack, from which I am now rapidly recovering, was treated, after a cathartic, by subcutaneous injections of morphine, from two to four times in twenty-four hours, using from  $\frac{1}{2}$  to  $\frac{1}{4}$  grain at each injection. The inflammation was in the left shoulder-joint and right foot, and the pain was nothing short of agony. All active symptoms were completely subdued in one week, and I was able to ride out in sixteen days.

I have taken alkalies and colchicum on two occasions, without any marked effect, although I followed directions.

In my judgment, *alterative cathartics and opium* are the remedies for acute rheumatism. It is an eccentric disease, and may subside sometimes with great rapidity under every variety of treatment. No sound inference can be drawn as to the value of any one method, unless it has been largely adopted in cases similar in all the leading causes and symptoms.

In my case, exposure to atmospheric vicissitudes, going from heated rooms into the open air, and riding long routes, has always been the cause, complicated with indigestion and a torpid state of the liver and bowels; and in my humble opinion the four last attacks referred to above, and the uniform good result of treatment, go far to confirm the value of the opium or palliative treatment.

I cannot close this brief sketch of what I might write on this subject, without referring to the clothing and bedding proper for persons who are predisposed to attacks of rheumatism. My experience confirms the statements of Dr. Chambers. Flannel should be worn next to the body in hot weather as well as cold, should be changed often, and never should be worn in cold weather after the fluff is worn off. Such persons should sleep in blankets, and during an attack of rheumatism should be literally wrapped up in blankets, and thus should be exposed to the air as little as possible. I would eschew *all* external applications of every sort and kind, except dry heat. No part of the surface of the patient can be exposed for the purpose of bathing, without taking a risk of inflammation of the heart. Dr. Chambers says:—"It is impossible to make too much of the value of *absolute rest* and an *evenly high temperature to the*

*skin in rheumatic fever;*" to which I will fervently add, Amen! G. W. GARLAND.  
Lawrence, Feb. 12, 1868.

#### ANOTHER USE FOR BROMIDE OF POTASSIUM.

By D. W. HODGKINS, M.D., Waldoboro', Me.

Of all the complaints that the physician is called upon to prescribe for, and which so often baffle all his skill, there is scarcely one, the results of the treatment of which are more unsatisfactory than the so-called morning sickness of pregnancy. In a large majority of cases he is not consulted at all; there being only a slight attack on rising in the morning, which soon passes away. But what can be more distressing than those cases where the nausea is continuous, where scarcely enough food is retained on the stomach to support life?

I cannot say whether the bromide of potassium will be found to be a specific in all such cases; but that it will prove a remedy of great value, I have no doubt. The improvement in the following case was so immediate and permanent that, on more extensive trial, I hope to find it all I have expected—and the object of this communication is to invite the attention of the profession to the subject, that haply others may find it of as much service as I have.

Mrs. A. M., fifth pregnancy. Everything went on well until about the sixth month, when she began to have attacks of nausea and vomiting. These attacks increased rapidly in frequency until the nausea became constant. There was a loathing of all food, and if any was taken, it was soon rejected. This condition, after a short time, was accompanied with severe cramps in the limbs and bowels. All the ordinary means for relief were tried successively, but without avail. She became so reduced as to be unable to sit up but a small portion of the time, or to walk across her room without assistance. In this condition the induction of premature labor seemed the only means to save her life. But before resorting to this I concluded to try the bromide of potassium, and accordingly ordered the following:—R. Bromide potassium,  $\frac{3}{2}$ ss.; aqua font.,  $\frac{3}{4}$ iv. M. S. Dessert spoonful once in two hours. At my next visit, I found all nausea gone. (She had taken the medicine three times in twelve hours.) It did not return again to the same extent, being easily checked by a dose of the medicine. From the taking of the first dose until the end of her term, she never vomited.

ted again, but was able to take even hearty food, and gained rapidly in strength. The cramps, which had caused so much suffering, ceased entirely, and she went to the full term without an unfavorable symptom. She was delivered of a fine, healthy boy, and both mother and child did well.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending March 7th.  
Reported by MESSRS. THOMAS WATERMAN, JR., and  
H. H. A. BEACH.

1. *Lithotomy; Second Sitting.* Dr. S. CABOT.—This patient was operated on Feb. 15th, and reported in the JOURNAL of March 19th. He was again etherized, and fragments of calculi, to the weight of seventeen grains, were crushed and brought away in the lithotrite. Fourteen and one half grains had passed with the urine, through the catheter, since the previous operation.

2. *Bubo; Treatment by Puncture and Subsequent Pressure.* Dr. R. M. HODGES.—Patient entered the hospital with a fistula in ano, for which the usual operation was performed. Two weeks afterwards, a glandular enlargement in the groin, resulting from an old bubo, commenced to inflame and soften. Eight punctures were made, evacuating a drachm of pus. Pressure was subsequently made by means of a pad and bandage.

3. *Phymosis; Circumcision.* Dr. R. M. HODGES.—Patient, a negro boy, at 16. Operation performed by means of a circular incision carried completely around the prepuce. There was an unusually well-developed frenum, which is not unfrequently wanting in colored persons.

4. *Hæmorrhoids; Ligature.* Dr. R. M. HODGES.—Male, at 18. Tumor had existed for two years, and was of the size of a horse-chestnut. It was drawn down by means of double-hook forceps, and a channel cut in the edge of the sound skin at its base. Two curved needles, each armed with a double ligature, were passed underneath the mass at right angles to each other. The ligatures were then tied so as to strangulate the growth in four sections.

5. *Hydrocele.* Dr. R. M. HODGES.—Treated by seton.

6. *Ligation of Varicose Veins.* Dr. H. G. CLARK.—The patient had an ulcer of the leg of two months' standing. Two tribu-

taries of the internal and two of the external saphena veins were tied by needles and figure-of-eight ligature.

7. *Nasal Polypi; Recurrent.* Dr. R. M. HODGES.—Evulsion.

8. *Lithotomy.* Dr. H. G. CLARK.—The patient was a lad at 18, of a delicate and sensitive organization, who had resided in Providence, R. I., during the early and greater part of his life. He stated that his "bladder had always been weak," i. e., for several years he had been obliged to rise once or twice every night to urinate. He could not remember the time when there was not some disturbance in the functions of the bladder. He had never passed any "gravel." The urgent symptoms date back only five months, when the tenesmus and irritability of the neck of the bladder became so excessive that he was obliged to urinate about every hour, never retaining urine more than two hours; this symptom persists. After urinating, he has a scalding pain passing from the neck of the bladder to the end of the penis, which compels him instinctively to pull upon this latter organ to relieve the smarting. The stream of urine is occasionally arrested suddenly, and after an interval is resumed. He cannot walk rapidly, nor run at all, nor can he ride in a carriage without excessive pain, referred to the bladder. When sitting up he is quite comfortable, but suffers intensely when he lies on his back or on his right side; on the left side he is tolerably easy. He was sounded with a lithotrite by Dr. Clark, and a calculus detected, about two inches in length in its long diameter. Some fragments were removed in the instrument and sent to Dr. J. C. White for analysis, who reported that they consisted of carbonate and phosphate of lime and triple phosphate of ammonia and magnesia. The urine was alkaline, ammoniacal, of a specific gravity of 1.012, and contained abundant ropy sediment, which consisted of pus and crystals of triple phosphate. Albumen was also present in small amount. A consultation was held, and lithotomy advised.

The lateral operation was performed, the incision being made upon the left side. After the bladder had been opened and the stone seized in the forceps, it was found impossible to remove it until lateral subcutaneous incisions were made through the prostate on either side. The stone was then crushed into many pieces and removed piecemeal, until finally the nucleus was seized and extracted entire. The hemorrhage was slight. The bladder was then

thoroughly washed out with warm water, and a straight catheter, surrounded by a chemise enclosing sponges, passed through the wound into the bladder. The nucleus was a mulberry calculus, pink in color, nodulated, and weighing (with its capsule of phosphatic stone as removed from the bladder) five drachms and ten grains. The fragments composing the remainder of the calculus were white, with occasional thin strata of a dark-brown color. The whole stone weighed thirteen drachms, two scruples and four grains. The bladder, as felt through the wound, was contracted, hard and trabeculated.

9. *Bursa; Subcutaneous Division of Sac.*  
Dr. H. G. CLARK.

10. *Tenotomy.* Dr. H. G. CLARK.—Tendo-Achillis and plantar fascia divided for equino-varus.

#### BOSTON CITY HOSPITAL.

Some of the more important Operations in February.  
Reported by Messrs. G. W. GAY and L. D. GUNTER,  
House Surgeons.

CASE I.—*Perineal Section by the direct Method.* (Service of Dr. CHEEVER.)—W. M., et. 36, entered hospital Feb. 15th, 1868, with an impermeable stricture, which had troubled him more or less for ten years. About a month since, he had complete retention and extravasation of urine into the tissues of the scrotum and perineum. Abscesses soon formed and opened spontaneously, giving exit to a large amount of pus. At the time of entrance he was in a very feeble and irritable condition, with constant pain in perineum and hypogastrium. Examination disclosed an organic stricture at the sub-pubic curvature of the urethra, through which the smallest-sized bougie could not be passed; also an urethro-perineal fistula. The scrotum was more or less edematous, and the tissues of the perineum indurated. The fistula was situated on the middle raphé, just behind the bulbous part of the spongy portion, and the urine dribbled through it constantly. He was ordered opiates, to relieve the pain and insure sleep. By this measure his condition was improved, but the stricture remained impermeable, and it was evident that an operation was required to ensure permanent relief.

Feb. 21st.—Patient was etherized and placed in the position for lithotomy, and the perineal section performed as follows: The left index finger, with the palmar surface uppermost, was introduced into the rectum until the tip impinged against the

apex of the prostate gland. A single-edged, sharp-pointed amputating knife, with a blade four inches in length by one quarter of an inch in breadth, was entered, with the cutting surface uppermost, at a point in the median line one inch anterior to the anus. The axis of the cavity of the pelvis was followed throughout; and, the knife gliding along the finger with the wall of the rectum between them, was guided into the bladder with a single thrust. A profuse discharge of pus, mingled with blood, ensued, and examination showed that a large prostatic abscess had been opened by the operation. No arterial, and but very little venous, blood was lost. The incision in the perineum was enlarged, through the skin only, and a catheter secured in the bladder.

Evening.—Slept a greater part of the afternoon, and says he has not felt so well for two months. No hemorrhage. Urine flows through the catheter freely. Appetite returning, and partakes freely of beef-tea and milk.

Feb. 22.—A comfortable night without an opiate. Skin cool and moist. Pulse 80. Considerable pus escaped from wound during the night. Complains of night-sweats which have troubled him for several weeks. R. Quin. sulph. grs. ij. ter die.

23d.—Comfortable. Wound looks well. Pus coming from wound. No hemorrhage. Appetite good.

24th.—Doing admirably.

25th.—Last evening the catheter was removed by a motion of the bowels. It was supposed to have been returned again into the bladder, but no urine passed through it during the night, and it proves to be in the abscess. Several unsuccessful attempts are made to return it. Etherized. Dr. Cheever found that the pus, having collected in the abscess, had crowded the passage to the bladder into the left iliac fossa. Perineum infiltrated—free incision. Re-insert the catheter.

26th.—Very comfortable night. (Edema and inflammation less. Free discharge from the abscess.

27th.—Wounds look well. Urine normal. General condition very much improved.

29th.—Rests well. Appetite good. (Edema and inflammation rapidly subsiding. Urine passes freely through the catheter.

March 4.—Improved daily since previous date. Discharge from abscess diminishing. Wounds clean and healthy.

6th.—No irritation from catheter. Doing admirably.

9th.—Comfortable and feeling much im-

proved. Wounds healthy and granulating. Pass through the stricture a No. 1 bougie, and allow it to remain in half an hour.

10th.—Remove the catheter and allow the urine to dribble through the perineum, during the day. Re-adjust the catheter, at evening, without difficulty.

12th.—Otalgia, otherwise doing well.

15th.—Wounds doing well. Discharge greatly diminished. Otalgia severe. Hot fomentations.

17th.—Purulent discharge from ear. General condition improved. Wounds granulating.

20th.—No pain or irritation from wounds. Re-adjust catheter. Urine normal.

23d.—Etherize and dilate the stricture, with Holt's dilator—and, having removed the catheter from perineum, pass in a No. 10 through the urethra, and secure it in the bladder.

24th.—No pain or irritation from catheter. Chill about 4 this A.M., and is nauseated from the ether. Vomited breakfast.

25th.—Wound doing well. Slight discharge. Retained the catheter without pain or irritation. No tenderness over bladder. Complains of nausea and insomnia.

26th.—Complains of nausea, insomnia, anorexia and night sweats. R. Quinie sulphatis grs. ij.; acidi sulphurici aromatici gtt. xxx.; aquae 3ij. M. To be taken three times a day. R. Vini Xericis *pro re nata*.

28th.—Very much improved. No emesis since yesterday. Appetite improved. Wounds quiet. Discharge from abscess diminishing. Urine free from mucus. Ear comfortable.

30th.—Improving. Wound looks well. No irritation from catheter.

*Case II. — Perineal Section by Syme's Method.* (Service of Dr. CHEEVER.)—E. B., at 50. Ten years ago contracted gonorrhœa, and during treatment injected an "acid" which burnt severely, producing profuse hemorrhage. Has only been able to pass his urine in a small stream, the greater part of the time drop by drop. Five years ago had retention, which was treated by dilatation; two years later it recurred, was treated as before with only temporary relief, experiencing great pain in passing urine ever since. Fourteen days ago, retention returned with increased pain, rendering micturition almost impossible. Six days after noticed a small lump on under side of penis, just anterior to the scrotum, which enlarged on straining. Since that time the whole organ has been infiltrated

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by urine or serum, so that it was twice the normal size. When seen to-day about two inches of the base was found as hard as wood, the rest oedematous. Phymosis. Scrotum and perineum not affected. Patient in great misery; bladder much distended, not having urinated for 24 hours. Seen by Dr. Cheever at 12, M., when it was found that urethra was entirely closed about two inches from the meatus. Stricture very firm. Dr. C. punctured the bladder through the rectum, and drew off about three pints of urine. Removed the canula, and allowed urine to dribble through into rectum. Three incisions made in base of penis. Patient to be kept under opiates if in pain.—Evening visit. Is perfectly comfortable, no opiates have been required. No urine has come away since noon, swelling of penis has gone down a little.

Feb. 19th.—About 4, A.M., began to suffer severe pain with constant desire to micturate. Quieted by laudanum, but at 6, A.M., had to be etherized to relieve suffering. The puncture had become perfectly closed. At 10, A.M., Dr. Cheever punctured the bladder a second time, and secured in it a small elastic catheter. Evening.—Comfortable; urine dribbles away.

20th.—Comfortable, urine passing through catheter, which was removed at midnight, to allow distention of bladder by urine.

21st.—Etherized and placed in the lithotomy position. A sharp-pointed grooved staff was passed into the urethra, but it was found impossible to insert it over an inch. The urethra was then laid open nearly two inches, thus allowing the staff to pass along beneath the scrotum, disclosing a false passage and another obstruction. At this time, although not profoundly etherized, the patient became very feeble. Respiration stopped; pulse, slow and weak, at length ceased to beat.

Artificial respiration, Silvester's method, was resorted to, stimulants given, when restoration gradually ensued. Operation continued without ether. An incision was made down upon the bulb, urethra found and opened, and an elastic catheter secured in the bladder. 4, P.M. Fully recovered from ether. Talks incoherently. Examination revealed an organic lesion of the heart.

22d.—Patient quite rational, passed a comfortable night. Some sloughing anterior to scrotum. Pulse 88 and strong, skin hot, tongue dry.

23d.—Not so feverish as yesterday. Diet, beef tea, milk and broth.

24th.—Wounds looking well. Quite thirsty and hot, tongue dry.

25th.—About all the sloughs have come away from the wound anterior to the scrotum, and the infiltrated tissues have assumed their normal appearance. **R.** Acidi carbonici 3iss. Aquæ Oi. M. For dressing to wounds.

27th.—Patient still improving. Urine continues to pass freely through catheter which has been kept in bladder, through perineum, since operation. Tongue dry and coated. Sherry, four ounces daily.

28th.—Bed sore forming over sacrum and left nates, about the size of a silver dollar; parts much inflamed around it. Ice ordered to be applied for 15 minutes, followed by hot poultice for 40 minutes, alternating till four changes are made. Patient placed on side, with pillow beneath hip. Evening: the integument less inflamed, and circulation better. Ice and poultice as in morning.

29th.—Slept well last night. Wounds about genitals clean and healthy. Continue ice and poultice as before to bed sore, which is less painful and much improved in appearance.

March 1st.—Not feeling as well as yesterday. Pulse 72, feeble. **R.** Quinine sulph., gr. vi. Vini Xericis 3vi. M. Two ounces three times a day.

2d.—Comfortable. Wounds doing well.

4th.—Urine flows freely through the catheter. No mucus or pus. Wounds doing well. Comfortable. Bed sore nearly well.

6th.—Wounds granulating. Sleeps well. Appetite good. Comfortable and cheerful.

7th.—Bowels not moved for two days. Otherwise doing well. Enema.

8th.—Pain in abdomen persistent, coming on in paroxysms, with tenesmus. Bowels moved by enema. Urine normal. Pulse fair.

9th.—Wounds clean and healthy. Pain in bowels relieved. Tender over region of bladder. Urine highly colored, but free from mucus.

10th.—Slight haematuria. Remove the catheter, and allow the urine to escape through perineum. Pain in abdomen not so severe.

11th.—Haematuria checked. Restless. Countenance anxious and pale. Delirious at times. Wounds look well. Urine clouded with mucus.

Evening.—Abdomen tympanitic and tender. Urine contains a little blood and mucus. Delirium increased. Pulse feeble.

12th.—Restless, but not as delirious as last night. Hiccup and vomiting, which bring on paroxysms of pain and tenesmus. Abdomen tense and tympanitic. Slight

blush just above the pubes. Urine scanty, and loaded with mucus. Pulse feeble.

Evening.—Symptoms increased. Pulse scarcely perceptible at the wrist. Failing rapidly. Died at 10.40, P.M. No autopsy.

*Case III.—Perineal Section by the direct Method.* (Service of Dr. THORNDIKE.)—C. C. B., bootmaker, at 32, has had a stricture for five years, resulting from a gonorrhœa, which lasted only a few months. Has

been accustomed to pass a catheter upon himself a good deal, and has been etherized at various times and by various surgeons, who were unable to introduce a catheter without ether. At entrance, stream as large as a knitting needle, and micturition is very painful and laborious. Stricture is in membranous portion of urethra. Rest and dilatation were tried from January 4th to February 14th, with very little effect, when perineal section was performed by the single thrust of the knife, directly through the prostate into the bladder. A smart gush of urine, which he had retained twelve hours, mixed with a little venous blood, followed the withdrawal of the knife. An elastic catheter was secured in the bladder, and patient removed to the ward. While rallying from the ether, he was attacked with an intermittent chill, to which he has been subject for three or four years at times; this produced a collapse. Pulse 140 and upwards, weak and irregular. Second sound of heart inaudible. Some vomiting and a little venous haemorrhage. Was very irritable for about forty-eight hours. Had no chills, as they were checked by an hypodermic injection of morph. sulph. gr.  $\frac{1}{4}$ . After this, he improved rapidly. Very little haemorrhage. Appetite good, and slept well. Was troubled for a few days with periodical headaches; these were speedily checked by subcutaneous injections of morphine or quinine.

Two weeks after operation. Patient is in excellent condition. Catheter still in the perineum. No. 7 bougie—conical—goes nearly through the stricture. No chills. Appetite good, and he feels well.

March 3d.—No. 4 conical bougie passed through stricture easily to-day. Urine a little cloudy. Appetite good. No pain or chills. Bladder syringed out with warm water. Quin. sulph. gr. i. t. d.

8th.—No. 5 bougie passed through stricture. Urine quite clear. Condition excellent.

13th.—No. 6 bougie passed through stricture. No intermittent symptoms.

17th.—No. 7 bougie through stricture

easily; the bougie is left in urethra from one to two hours, twice daily.

21st.—No. 8 introduced to-day by himself. No induration or tenderness of the perineum, as there was previous to operation.

26th.—No. 10 passed quite readily. Catheter still retained in perineum. No irritation in the bladder or perineum.

28th.—Feels as well, generally, as he ever did. Still uses Nos. 9 and 10 bougies. Continue catheter in perineum. To be treated outside the hospital. Discharged, much relieved.

### Bibliographical Notices.

*Felix von Niemeyer's Clinical Lectures on Pulmonary Phthisis.* Translated, by permission of the Author, from the Second German Edition, by J. L. PARKE. New York: Moorhead, Simpson & Bond. 1868. Pp. 116.

BASING his views on the pathological investigations of Virchow and others, the author attempts to prove that the doctrines of Laennec, still generally accepted, as to the tubercular nature of pulmonary phthisis are erroneous, and that, in fact, tubercular disease occurs comparatively seldom, except as a result of previous changes of wholly different nature. He says, page 3 : "From the present position of science there is only one kind of tubercle, namely, the miliary tubercle, as there is only one form of tuberculosis, namely, the miliary tuberculosis, and everything which, since the time of Laennec, has been regarded as infiltrated tuberculosis of the lung, is the product of chronic and especially catarrhal pneumonia."

The caseous masses and the cavities found in phthisical lungs he considers due, not, as usually understood, to the degeneration of tubercle, but to that of the products of inflammation of the substance of the lung, of "pneumonic processes," and the appearances in the lungs generally considered as miliary granulations are, in many instances, only oblique sections of bronchi, with caseous contents or surroundings; "in very many cases, there is not a single tubercle in phthisical lungs." He does not deny idiopathic tuberculosis, or that it may sometimes occur primarily and be followed by pneumonic changes, but in the great majority of cases he asserts that it occurs only as a consequence and complication of already advanced degeneration

of inflammatory products, and is of essentially different nature from these.

From this stand-point, catarrhal and other affections of the lungs or bronchi are frequently predisposing causes of pulmonary phthisis, which is widely distinguished from tuberculosis, and the importance of their early treatment is greatly increased. Hæmoptysis he considers a cause of the disease, as exciting after-inflammatory changes, not a consequence. The doctrine that phthisis is a "pneumonic process" also explains the not infrequent favorable results obtained, the end at least often being postponed for years, while tuberculosis carries off the patient in a few months at farthest. Against phthisis, according to this view, therapeutic measures are of great importance, and avail much, while in tuberculosis they can be only palliative.

The whole subject is treated clearly and logically, the differential diagnosis between phthisis and tuberculosis is carefully given, symptom by symptom, and a few illustrative cases are reported. If these views are accepted, it is easily seen what a revolution must be effected in the present views of the nature of phthisis, and in the nomenclature of the disease, and we cannot but think it would be an advantage if the signification of tubercle, already much restricted of late years, but still often only a cloak for ignorance, could be still farther limited.

Whether the theory prove true or false, we believe an attentive perusal of this little volume will amply repay the reader, and the calm and lucid treatment of the subject must excite attention, even if it fail to carry conviction with it.

We congratulate the translator on his success. The remarkable freedom from German idioms is a pleasant contrast to many recent translations.

The book is printed in large, clear type, on tinted paper, and does great credit to the publishers.

*The Principles and Practice of Obstetrics.* By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics and the Diseases of Women and Children in the University of New York, &c. &c. Fourth Edition, carefully revised and enlarged. New York : Wm. Wood & Co. 8vo. Pp. 763.

This work has been six years before the public, and has reached a fourth edition; proof enough, certainly, that it meets the wants and the approval of a large class of readers. In some respects, it is the most complete book on obstetrics we have. The

style is free, easy, not to say florid; and cannot fail to be more attractive to the student than the dry technicalities of such a subject not enlivened by the charms of eloquence. Most of the wood engravings are good, and the lithographic plates of the areola of pregnancy are excellent.

Prof. Bedford enters fully into those minutiae of practical detail and description which many writers unwisely omit, and which cannot but be of importance to the medical student. If this has resulted in making a large book, we do not think it too full for the requirements of the beginner.

It is published in excellent style.

*On Chronic Alcoholic Intoxication, with an Inquiry into the Influence of the Abuse of Alcohol as a Predisposing Cause of Disease.* By W. MARCET, M.D., F.R.S., &c. &c. First American from the Second English Edition. New York: Moorhead, Simpson & Bond. 1868. Pp. 178.

This little work by Dr. Marctet touches upon some points in alcoholism which we have not seen alluded to before. More especially, he doubts the assumed antagonism between the use of alcoholic stimuli and pulmonary affections; and also traces the influence of this poison on other diseases and hereditary tendencies.

"A general opinion is very prevalent," he says, "that an individual, whose health suffers from the habit of drinking to excess, may invariably cure himself by taking to sober habits, or giving up drink entirely. I beg to state, however, that this idea is fallacious," p. 76. And again (p. 77), "Chronic alcoholism is not to be cured, like delirium tremens, in the course of a few days." After discussing other remedies, he finally recommends the *oxide of zinc* as nearer a specific than any other. After treating at length of the physiological and therapeutical properties of this drug, he concludes that, "the following is the usual effect of the oxide of zinc in simple cases of chronic alcoholism; first, the sleep is improved, the patient does not lie so long awake at night, and the nightmare becomes less frightful; then, the hallucinations decrease, the patient is no longer troubled with black specks passing constantly before his eyes, or with the sight of imaginary objects;" "the attacks of trembling also diminish in frequency, if not in intensity, and gradually pass off. This improvement is attended with an increase of appetite, as well as a marked diminution of gastric symptoms; and when the patient can take

food and digest it well, he may be looked upon as in a fair way towards recovery."

In this treatment from two to five grains of oxide of zinc are given in pill, twice a day. In some cases the dose is carried up to thirty grains a day. From experiments it appears that "from two to ten grains of oxide of zinc are readily soluble in the gastric juice secreted after one meal."

Numerous cases are given in detail; and finally a synoptical table of forty-eight cases, with results.

As proposing a new remedy for a most prevalent and serious malady, as well as for its research and experiments, we commend this unpretentious little work to our readers.

The enterprise of the publishers is also worthy of notice. They are issuing a number of valuable works on medicine; and they also publish three of the best medical Journals in New York, and are about to start a new Quarterly, devoted to Obstetrics.

## Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 9, 1868.

### EFFORTS FOR IMPROVEMENT IN SCHOOL EDUCATION.\*

THE first of the pamphlets, the titles of which are given below, contains the substance of two addresses delivered by Dr. Wyman before the citizens of Cambridge, and before the American Institute of Instruction.

Referring to the old treatment of the insane, he says:—

"Lunatics being supposed to be devoid of reason, it was also supposed they must be governed, as the lower animals are governed, by fear. More than forty years ago, insane persons were brought to the McLean Asylum, of which my father was physician, securely bound, and led by a keeper, whip in hand; and I remember the amazement of that keeper when the lunatic was unbound, and remained quiet. He said there was a power in the physician's eye, a something, under which the patient quailed. There was a power in his eye; but it was

\* Corporal Punishment in the Public Schools. By Morrill Wyman, M.D. Cambridge: Press of John Wilson & Son. 1867. Svo. Pp. 48.

Twentieth Annual Report of the Trustees of the Massachusetts School for Idiotic and Feeble-minded Youth. October, 1867. Boston: Wright & Potter. Svo. Pp. 43.

the "omnipotence of loving-kindness"—a power which I would fain see extended to other fields than that in which he gained such signal success."

In reply to the statement that flogging is more generally practised in the schools of Europe than in our own, Dr. Wyman addressed inquiries through the ministers to the various foreign powers, with the following results:—

"Corporal punishment is now prohibited in Prussia in all cases, except at the request of the parents in particular cases."

"The Netherlands laws on education do not allow corporal punishment in the schools. It is not practised in the *public* schools: if, very exceptionally, an instance of it occurs, the authorities immediately intervene. In the *private* schools, which in this respect are less restricted, corporal punishment is, for as much as the Government knows, also not practised."

"In answer to your letter of the 15th instant, I beg to state, that neither in Austria nor Germany is corporal punishment practised in the schools. . . . The severest punishment is usually imprisonment for a certain number of hours."

"I suppose you would not find a public school in the French empire in which a blow is allowed to be given by a master to a child."

On the other hand, it is alleged that "three thousand seven hundred and sixty-five floggings have been inflicted, in one school year, upon fifteen hundred and sixty-two pupils, nearly one-half girls, in a single school district in Boston."

In the course of an able argument against the use of the rod, the author says:—

"We do therefore more strenuously urge the abolition of corporal punishment of girls, because the best public schools are successfully taught without it; because it is not permitted in private schools; and, finally, for reasons founded on the immutable laws of our Maker. He who declares that he cannot control our girls without resort to blows, or cannot use the gentle qualities of the many to control the perversity of the very few, has not yet risen to the level of his calling. He has yet to learn that it is the soft-falling rain, the sunshine, and the gentle dew, and not the crushing tornado, which bring forth the fruits that are fitted to nourish and develop."

And again he remarks:—

"It may be said that physicians and surgeons frequently produce pain, and they

should therefore become callous to suffering. But they never punish. No one can point to a single instrument in the whole armory of the surgeon, and say, This was invented for the production of pain. They never expect good to come of pain; they know that it complicates every case in which it exists, and is by so much an injury. The effort of their lives is to relieve suffering; and the further they advance, the more they realize the necessity of doing so. With hearts full of gratitude to the Giver of all good, they hail with joy those twin stars of medicine, opium and ether, before which pain flees, as darkness before the sun."

In reply to the old argument that punishment is a part of the Divine plan, he speaks as follows:—

"But, even if punishment is a part of the Divine plan, is there any evidence that the corporal punishment of little girls, for whispering or not getting their lessons, is a part of that plan? A clergyman, in a religious periodical,\* who believes that such punishment is a part of the plan, illustrates his position as follows: "A boy is caught eating a green apple in school. The master gives him a flogging for it, and Nature (Deity), the colic. Where is the difference?" But, if the plan of the Deity is to be carried out in one case, why not in others? Suppose the reverend writer himself eats a green apple, or commits any other error, and suffers from violation of a physical law, would it be proper for the physician to relieve him, and thus interfere with the supposed Divine plan? Such a doctrine puts an end to all medical assistance in all diseases. The same writer says, medicine, "in one sense of the word, perhaps the truest sense, is corporal punishment." Is wine corporal punishment to the fainting? Is quinine corporal punishment to those sinking under malaria? Is opium corporal punishment, when it gives quiet sleep for heart-sickening pain? Is ether corporal punishment, when, for the most agonizing of all pains, it gives pleasant dreams? The reverend gentleman's theology may be all right, but his medicine is all wrong. The Bible says, "A merry heart doth good like a medicine." He goes on to say that "Nature (Deity) will strike fourteen hundred little children in civilized Boston today" with various pains from disease. But does this authorize the reverend gentleman to strike them again, or strike them at all? Nature destroys life daily, but this does not authorize a schoolmaster to commit murder."

Such doctrine, we trust, is not good theology: it certainly is not good sense. It must be a very feeble cause that can find no better argument for its support."

In the Report on the School for Idiots, the Trustees ask for a "grant of eight thousand dollars in addition to the appropriation of last year for the enlargement of the building. They would also recommend that fifteen thousand dollars be asked for the current expenses of the coming year."—The school has been in operation nineteen years.

As to the number of admissions, it appears, that from 1852, to 1868, the yearly average has not increased. They were as follows:—In 1852–3, 15; in 1853–4, 13; in 1854–5, 18; in 1855–6, 8; in 1856–7, 38; in 1857–8, 25; in 1858–9, 24; in 1859–60, 26; in 1860–61, 15; in 1861–2, 22; in 1862–3, 27; in 1863–4, 13; in 1864–5, 22; in 1865–6, 22; in 1866–7, 13.

It is noticed that nearly all the inmates come from neighboring places, and not from any great distance. The Report draws marked distinctions between the progress of different classes of the feeble-minded, and proves conclusively that all receive some benefit. The Superintendent lays great stress on the good that can be accomplished *at home* in the education of dull children, as follows:—"The idiot dwells amidst all the influences that develop the other children, which instruct them with knowledge, quicken perceptive qualities, sharpen their reflective powers, and thus prepare them for the next step in life, but he is not affected by them; his intellect remains dormant; he sees, but he does not perceive; he hears, but he does not understand; he learns little or nothing; and though years pass over him, and his body increases in stature, he is yet a babe in knowledge and in power of reflection, unless more than common pains are taken with him, and the parents, family and associates do more for him than for the brighter children.

"This can be done in a great measure at home as well as in this school. This requires much attention from, and self-sacrifice in, the mother and family. They must go out of their usual track, and plan and make work and play for the good of the dull child. He must be enlisted and made to co-operate in the household affairs; not for the advantage of the business, but for the benefit of himself, the worker.

"He should be asked to do such simple things as he can be induced to do by any

amount of patient and persevering instruction. To pick up a ball, to open or shut the door, to go on errands to another room, the shop, the barn, the neighbors; not because these things are wanted for the family, but to excite him to as much thought and muscular exertion as possible. If he is too dull to understand the request, or comprehend the details of the order, or too slow to execute it, it must be repeated, as lessons are repeated here, no matter how many times, until he learns it, and does what is wanted.

"If, like many that come here, he lacks the power or the habit of discrimination, and cannot, or merely does not see the common differences in things, he should be asked to bring the round piece of board, and then the square piece; the ball, and then the green; then the white, blue, black, &c.; the long stick, and then the short stick; and these again and again, until he does readily what he is asked, and shows that he discriminates and understands these differences.

"The object of this is not merely to teach language, and show the meaning of the words round, square, long, short, red, blue, &c., but to accustom him to recognize the differences of things presented in their various visible qualities.

"He should be set to work in the matters about home; turn the coffee-mill, sweep the floor, hoe in the garden or field, and perform any other simple things in the house or elsewhere.

"It is not enough to tell him once, or even many times, to do these things, but he must be watched and shown, and his hand directed, until his own brain can direct it, and he can do the work without aid.

"He should have pictures of objects easily distinguished, and be taught to study them, and asked to point out the man, the cow, the house, the tree. He should have strings to wind round things; to tie to the chair, and call it a horse; blocks to pile up in fancy shapes, or in imitation of a house, or any object he may see or imagine. A wooden ball and pins to roll on the floor and knock down, and thus cultivate his power of attention, and the use of his hands for definite purpose.

"He should be especially taught to tie knots, to button and unbutton his clothes, and to dress himself; to wash his hands and face, to feed, and take care of himself in all possible ways.

"These are neglected in these benighted children, and they are deprived of the de-

velopment that they would have derived from being taught and required to perform them.

"It is objected that the attempt to get work from such a child is unprofitable—a burden, rather than a help; that the business and movements of the house will not bear this interruption. This is a part, and, for a time, the whole of the education of the child, and must be placed in the same category with the school education of any other child, which pays no immediate profit, yet is not neglected.

"If the mothers and other members of families would, in these and manifold other ways, endeavor to train their dull and idiotic children to do common things, which others do easily, but which they cannot do without special instruction, the idiocy would be less intense, the mind be more active, and the children would be less helpless; more able to take care of themselves; more ready for, perhaps less needful of, the educating influences of this school."

We have not the room, nor is this the place to go into a general review of either of these pamphlets. As earnest endeavors to ameliorate the condition both of children in our common schools, and those of a weaker mental growth, we commend them heartily to the medical profession.

UNIVERSITY OF MICHIGAN AND HOMOEOPATHY.—One year ago, the Legislature of Michigan passed a bill appropriating annually to the University the fraction of a mill on every dollar of the State assessment, tacking to it the condition that the Regents should establish a chair of Homœopathy in the Medical Department. At a recent meeting of the Board, *in secret session*, the condition was accepted, and an individual, a so-called homœopathist, was appointed. Profs. Ford, Armor and Greene promptly resigned, and the other members of the Medical Faculty will do so immediately, if they have not already. We understand that this condition was appended through the combination of a few members calling themselves homœopathists and the enemies of the appropriation, no one supposing that the Regents would accept it. After a year's delay, they have taken this action, hoping by the miserable subterfuge of locating the thing outside of Ann Arbor, to secure the money and at the same time so relieve the curse that the Faculty would endure it.

THE PRESERVATION OF MEAT.—We have recently had the pleasure of conversing with Prof. John Gamgee, of the Albert Veterinary College, London, who visits this country for the purpose of introducing his method of preserving meat. It consists in making the animal respire carbonic oxide, and then bleeding it. The carcass is then treated with sulphurous acid and charcoal, in a close vessel, for some hours, and when taken out, can be kept in the open air for months—a discovery of immense importance in relation to the cheapening of meat.

RESIGNATIONS AND APPOINTMENTS.—We regret to announce that Dr. Charles E. Buckingham, on account of the pressure of his private business, has felt obliged to resign his position at the City Hospital.

Dr. Francis C. Ropes has been appointed one of the Visiting Surgeons of the City Hospital.

Dr. M. F. Gavin has been appointed Surgeon to Out-patients at the City Hospital.

A department for the treatment of Skin Diseases among the out-patients at the City Hospital has been established, and Dr. H. F. Damon has been appointed to take charge of it.

At the Annual Meeting of the Suffolk District Medical Society, Wednesday, April 1st, the following officers were elected for the ensuing year:

*President*—George C. Shattuck. *Vice President*—William G. Wheeler. *Secretary*—John Homans, Jr. *Treasurer*—Adino B. Hall. *Librarian*—B. Joy Jeffries. *Commissioner on Trials*—Silas Durkee. *Censors*—H. F. Damon, B. Joy Jeffries, Geo. H. Lyman, C. G. Page, A. D. Sinclair. *Supervisors*—Geo. H. Gay, Sam'l A. Green. *Councillors*—S. L. Abbot, J. Ayer, J. Bigelow, H. J. Bigelow, H. I. Bowditch, B. Brown, C. E. Buckingham, S. Cabot, H. G. Clark, P. M. Crane, C. Ellis, J. Flint, J. B. Forsyth, G. H. Gay, A. B. Hall, G. Hayward, R. M. Hodges, C. D. Homans, J. Homans, J. B. S. Jackson, J. Jeffries, G. S. Jones, G. H. Lyman, F. Minot, W. W. Morland, S. Morrill, E. Palmer, C. G. Putnam, G. C. Shattuck, D. H. Storer, J. B. Upham, C. E. Ware, A. A. Watson, H. W. Williams, W. G. Wheeler. *Committee on Social Meetings*—James Ayer, H. I. Bowditch, C. D. Homans, C. G. Page, C. Stevens.

## Selections and Medical Items.

**SUPERIOSTEAL RESECTIONS OF THE ELBOW.**—M. Ollier, of Lyons, who has attached his name to superiosteal resections, has lately brought three cases before the Medical Society, in which he resected all the processes of bone entering into the articulation of the elbow. By very careful management and minute care, the periosteum and tendons inserted into it were carefully preserved. The result in the three cases mentioned has been the complete regeneration of the joint, both as to form and movements. That such complete success may be attainable where excision of the articulation is necessitated by a recent injury, can be easily understood; but when the joint has long been the subject of caries, when the periosteum itself has been destroyed by chronic morbid processes, it is difficult to believe that much of that membrane can be made available for regeneration of bone. At all events, Ollier's cases will prompt every surgeon performing resection to preserve as much of periosteum and insertion of tendons as possible.—*Lancet.*

**THE LIVINGSTONE SEARCH EXPEDITION.**—It is worthy of note that the whole of the party forming the late Livingstone search expedition enjoyed perfect immunity from disease during four months' travel; and it was not until seven days after leaving the Zambesi, on the malarious delta of which the party was encamped from Nov. 11th to Dec. 4th, that one man was seized on board the Racoon with bilious remittent fever of a very severe character. The man, however, of course. The expedition worked from sunrise to sunset, in boats or walking, on two meals a day, at starting and halting, except a light lunch at mid-day. A full dose of quinine at night was always taken. It would be well if medical officers abroad would more frequently take the opportunity of forwarding useful information such as the above, having reference to the medical and sanitary features of expeditions in which they may be engaged.—*Ib.*

**OUR NEW SERIES.**—Sufficient time has now elapsed to learn something of the opinions entertained by the readers of the Journal respecting the important change which has been made in its size and shape. We regret to find that a few of our old and best friends dislike it. Their objections to it, however, are solely on the ground of the anticipated discrepancy in appearance between the bound volumes of the two series, and the inconvenience of arranging them continuously on the library shelf. These are doubtless objections; but they were well weighed before the change was decided on, and were considered such as are almost inseparable from improvements of any kind. The general voice of the profession, however, as far as heard, is strongly in favor of the change. The medical press of the country has spoken in favorable terms of the improved appearance of the work, and we find frequent commendatory expressions in letters from subscribers. From among these we select the following.

A physician in New Orleans, in a letter to the Editor, dated Feb. 13th, 1868, says:—

"I have just received the first number of the new series of the Boston Medical and Surgical Journal, and in the interest of the profession have to thank the publishers and editors for the commendable efforts that have been made to produce a medical journal worthy of Boston and New England. We naturally look to the 'Hub'

for much that is excellent in literature and art, and I confess to an honest pride in the fact that it is now to have a first-class medical periodical."

Another, in Virginia, under date of March 6th, 1868, writes:—

"I must not forget to congratulate you upon the fine and very creditable appearance of the Boston Medical and Surgical Journal. New England has occasion to be proud of it."

A friend and subscriber in Paris, in two letters dated March 2d and 10th, writes:—

"Your new Journal, permit me to say (perhaps it is needless to say it), is greatly improved, and makes a Bostonian feel quite proud to show it." . . . "I was greatly rejoiced to see the Journal enlarged. It is just the right size."

### MEDICAL DIARY OF THE WEEK.

**MONDAY, 8 A.M.**, Massachusetts General Hospital, Medical Clinic; 9 A.M., Medical Lecture. 9 A.M., City Hospital, Ophthalmic Clinic.

**TUESDAY, 9 A.M.**, City Hospital, Medical Clinic; 10 A.M., Medical Lecture. 9 to 11 A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

**WEDNESDAY, 10 A.M.**, Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

**THURSDAY, 11 A.M.**, Massachusetts General Hospital, Clinical Surgical Lecture.

**FRIDAY, 9 A.M.**, City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

**SATURDAY, 10 A.M.**, Massachusetts General Hospital, Surgical Visit; 11 A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

**TO CORRESPONDENTS.**—Communications accepted:—Reports of the Springfield Society for Medical Improvement.—Case of Ovaritis.—The Danger of Mercurials.—Cases of Neuralgia treated by Electricity.—Two Cases of Tuberculosis.

**BOOKS AND PAMPHLETS RECEIVED.**—Dictionnaire Annuel des Progrès des Sciences et Institutions Médicales. Par M. P. Garnier. Paris: Baillière. 1868.—Claims of Materia Medica: Introductory Lecture delivered before the Students of the Medical Department of Bowdoin College, Feb. 20, 1868. By William C. Robinson, M.D., Professor of Materia Medica and Therapeutics.—The Law of Human Increase; or, Population based on Physiology and Psychology. By Nathan Allen, A.M., M.D., Lowell, Mass. Re-printed from the Quarterly Journal of Psychological Medicine for April, 1868.

**MARRIED.**—At Brookline, 31st ult., Jonathan Leonard, M.D., to Mrs. Mary T. Jarvis, both of Sandwich.

**DIED.**—In Enfield, N. H., March 13th, 1868, Dr. Benjamin F. Skinner, aged 38 years and 3 months.

**DEATHS IN BOSTON** for the week ending Saturday noon, April 4th, 1868, 97. Males, 37—Females, 60.—Accident, 4—disease of the bowels, 2—inflammation of the bowels, 1—disease of the brain, 7—inflammation of the brain, 1—bronchitis, 1—cancer, 2—cholera infantum, 1—congestion of the lungs, 1—convulsions, 2—diarrhoea, 1—diphtheria, 2—drooping eyelid, 1—erysipelas, 1—infantile fever, 1—scarlet fever, 5—typhoid fever, 2—gangrene, 1—disease of the heart, 4—hip disease, 1—infantile disease, 2—congestion of the lungs, 2—inflammation of the lungs, 7—marasmus, 2—measles, 1—cerebro-spinal meningitis, 1—old age, 6—paralysis, 1—peritonitis, 1—puerperal disease, 3—disease of the spine, 1—stricture, 1—unknown, 6. Under 5 years of age, 39—between 5 and 20 years, 15—between 20 and 40 years, 19—between 40 and 60 years, 11—above 60 years, 13. Born in the United States, 72—Ireland, 20—other places, 5.